

**CITY OF MOLINE  
MECHANICAL PERMIT APPLICATION**

The undersigned hereby makes an application for a permit to install the following described mechanical installation in the building:

OFFICE USE ONLY	
Permit No.	_____
Permit Fee	\$ _____
Investigation Fee	\$ _____

Address of installation: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Mechanical Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost of Installation: \_\_\_\_\_ Use of Building: \_\_\_\_\_ BTUH: \_\_\_\_\_ Tons of Cooling: \_\_\_\_\_

Type Fuel:             Natural Gas             LP             Oil             Solid             Electric

- |   |                                       |                                  |                          |                    |                          |                    |                          |
|---|---------------------------------------|----------------------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| New Installation                        | <input type="checkbox"/>              | Forced Air                       | <input type="checkbox"/> | Hot Water (forced) | <input type="checkbox"/> | Humidifier         | <input type="checkbox"/> |
| Replacement Unit Complete <i>w/duct</i> | <input type="checkbox"/>              | Geothermal                       | <input type="checkbox"/> | Steam              | <input type="checkbox"/> | Exhausting System  | <input type="checkbox"/> |
| Replacement <i>Unit only</i>            | <input type="checkbox"/>              | Roof Top Unit                    | <input type="checkbox"/> | Pre-Fab Chimney    | <input type="checkbox"/> | Ventilation System | <input type="checkbox"/> |
| <b>AIR CONDITIONING</b>                 |                                       | Unit Heater                      | <input type="checkbox"/> | Chimney Liner      | <input type="checkbox"/> | Duct Work          | <input type="checkbox"/> |
| Air cooled <input type="checkbox"/>     | Water Cooled <input type="checkbox"/> | Water Heater <i>Self Venting</i> | <input type="checkbox"/> | Pre-Fab Fireplace  | <input type="checkbox"/> |                    |                          |

Other \_\_\_\_\_ Comments \_\_\_\_\_

I hereby certify to the correctness of the above and agree that the above work will be done in conformity with all the laws of the State of Illinois and the Mechanical Code of the City of Moline, IL.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

*REPLACEMENT UNITS MUST BE INSPECTED WHILE THE INSTALLATION IS TAKING PLACE TO ENSURE ACCESS BY THE INSPECTOR. FAILURE TO DO SO WILL RESULT IN A RE-INSPECTION FEE. PLEASE MAKE ARRANGEMENTS ACCORDINGLY.*